

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047567

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 4275

Registrar's No. 124

FILED JAN 3 1963

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marionville		c. CITY OR TOWN Springfield	
Length of stay in 1b 5 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ozark Methodist Manor		d. STREET ADDRESS (If outside, give location) Midway Hotel	
3. NAME OF DECEASED (Type or print) First Bessie Middle M. Last Sharrar		4. DATE OF DEATH Month Dec. Day 20 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY nursing	
13a. FATHER'S NAME George C. Sharrar		13b. MOTHER'S MAIDEN NAME Anna Doyle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		17. INFORMANT Address Ozark Methodist Manor, Marionville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral DUE TO (b) Congestion, pulmonary, hypertensive DUE TO (c) 2 weeks		INTERVAL BETWEEN ONSET AND DEATH 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture hip, right, in June 1962.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:40 Month, Day, Year Dec. 20, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Rolla, Missouri	
21. I attended the deceased from Aug 1, 1959 to Dec. 20, 1962 and last saw her alive on Dec. 20, 1962		Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Dr. Kelsey (Degree or title)		22b. ADDRESS Rolla, Mo.	
22c. DATE SIGNED 12/21/62		22d. LOCATION (City, town, or county) Rolla, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 21, 1962	23c. NAME OF CEMETERY OR CREMATORY Rolla, Missouri	
24. FUNERAL DIRECTOR ADDRESS Bradford-Surridge, Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 12-26-62	
26. REGISTRAR'S SIGNATURE George H. Hingley			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Kelsey
USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

0550
20397

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JAN 7 1963

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William A. Fulkes

Licensed Embalmer No. 4658

P. O. Address

Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.